

**U.S. District Court for the Northern District Of Illinois
Limited Attorney Appearance Form As
EAR Program Counsel**

Case Title:

Case Number:

A limited appearance is hereby filed by the undersigned as EAR assistance program counsel for (indicate the name of the party(s) being represented:

By filing this appearance, undersigned counsel represents that he/she has not entered into, and will not seek to enter into, any agreement with the party for payment by the party of fees and/or costs.

Attorney name (type or print):

Firm:

Street address:

City/State/Zip:

Bar ID Number:
(See item 3 in instructions)

Telephone Number:

Email Address:

In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by local rules 83.12 through 83.14. I declare under penalty of perjury that the foregoing is true and correct. Under 28 U.S.C. §1746, this statement under perjury has the same force and effect as a sworn statement made under oath.

Executed on

Attorney signature: S/ _____
(Use electronic signature if the appearance form is filed electronically.)